

## ***2010-2011 Confidential Teacher Recommendation Form***

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Teacher's name \_\_\_\_\_ Grade or class \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

School address \_\_\_\_\_ Zipcode \_\_\_\_\_

The parents of the child named above are considering enrollment for him/her at Sycamore School. Sycamore School offers a full-time educational program designed to meet the needs of academically gifted students from preschool through grade eight.

***Half-day preschool:*** Children seeking admission should have a large vocabulary, an acute memory, and display alertness and curiosity. Candidates need to exhibit age-appropriate social/emotional development and behavior.

***Full-day kindergarten through grade eight:*** Students seeking admission should display superior intelligence and academic achievement, and need a curriculum that is broad in scope and depth of understanding to challenge their potential. Candidates should exhibit age-appropriate social/emotional development and behavior.

How long have you known this student?

What is your relationship to this student?

What indications do you have that this child should be placed in a program for academically gifted children?

At what level is this child achieving in the following subject areas?

Reading \_\_\_\_\_

Math \_\_\_\_\_

Does this child show any indications of learning problems or learning disabilities? If so, please elaborate.

Does this child demonstrate any noticeable behavior problems? If so, please elaborate.

Does this child display age appropriate social/emotional development? If not, please elaborate.

Based on your knowledge of this student, would you recommend him/her for placement in a gifted program? (circle) Yes No

***Please Complete Back of Form***

***This confidential form is not subject to review by the parents. Additional comments may be added on a separate page.***

***Please return this form to the Sycamore School Admissions Director  
by mail, 1750 West 64th Street, Indianapolis, IN 46260 or fax, 317-202-2501.***

Child's name \_\_\_\_\_

In relation to other children you have known in the candidate's age group, please check the appropriate line for each item below.

	Truly Outstanding	Excellent	Good	Fair	Below Average	Insufficient Evidence
<b>ACADEMIC</b>						
Academic potential	_____	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____	_____
Thinking skills	_____	_____	_____	_____	_____	_____
Written expression	_____	_____	_____	_____	_____	_____
Oral expression	_____	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____	_____
Curiosity	_____	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____	_____
Work habits/study skills	_____	_____	_____	_____	_____	_____
Organizational skills	_____	_____	_____	_____	_____	_____
Fine motor development	_____	_____	_____	_____	_____	_____
<b>SOCIAL/EMOTIONAL</b>						
Reaction to criticism	_____	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____	_____
Peer compatibility	_____	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____	_____
Relations with adults	_____	_____	_____	_____	_____	_____
<b>BEHAVIORAL</b>						
Self-discipline	_____	_____	_____	_____	_____	_____
Conduct	_____	_____	_____	_____	_____	_____
Honesty	_____	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____	_____
Energy level	_____	_____	_____	_____	_____	_____
Attention span	_____	_____	_____	_____	_____	_____
Appropriate use of energy	_____	_____	_____	_____	_____	_____

Teacher signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your time and valuable feedback concerning this applicant!*